

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 105	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	City of <u>Miami</u>	Co. Registrar's No. <u>340</u>	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Robert William Adams</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	YES
Sex of Child <u>male</u>	<u>Single</u> or other	and	Number in order of birth <u>2</u>
Legitimate? <u>yes</u>	Date of Birth <u>June - 4 - 1921</u>	Month	Day
FATHER		MOTHER	
Full Name <u>James A. Adams</u>	Full Maiden Name <u>Alice Withington</u>		
Residence <u>Miami Ariz</u>	Residence <u>Miami Ariz</u>		
Color or Race <u>white</u>	Age at last Birthday <u>25</u> Years	Color or Race <u>white</u>	Age at last Birthday <u>28</u> Years
Birthplace <u>Scotland</u>	Birthplace <u>England</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>6/4/21</u> at <u>7 AM</u> .			
*When there is no attending physician or midwife, then the householder should make this return.			
Signature <u>J H Slaughter</u>			
Address <u>Miami Ariz</u>			
LOCAL REGISTRAR.			
COUNTY REGISTRAR.			